

Federal Rule of Criminal Procedure 49 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF EASTERN District of Michigan

UNITED STATES OF AMERICA )

CR No.: 05-80101

v. )

SEALED MOTION FOR  
COMPASSIONATE RELEASE

CLARENCE BROWN )

I. MOTION

I hereby move the court for a reduction in sentence (compassionate release) pursuant to 18

U.S.C. § 3582(c)(1)(A). *Indicate the reasons for your motion, select all that apply:*

☐ Extraordinary and compelling reasons:

☐ I have been diagnosed with a terminal illness.

☐ I have either:

☒ a serious physical or medical condition, or

☐ a serious functional or cognitive impairment, or

☐ deteriorating physical or mental health because of the aging process, that substantially diminishes my ability to provide self-care within the environment of a correctional facility, from which I am not expected to recover.

☐ I am (i) at least 65 years old; (ii) am experiencing a serious deterioration in physical or mental health because of the aging process; and (iii) have served at least 10 years or 75 percent of my term of imprisonment, whichever is less.

☐ (I) The caregiver of my minor child or children has died or become incapacitated and I am the only available caregiver for my child or children; or (ii) My spouse or registered partner has become incapacitated and I am the only available caregiver for my spouse or registered partner.

☐ Other: There exists an extraordinary and compelling reason other than, that falls short of, or in combination with, the reasons noted above.

☐ I meet all the following criteria:

☐ I am 70 years or older;

☐ I have served 30 years or more of imprisonment pursuant to a sentence imposed under 18 U.S.C. § 3559(c) for the offense or offenses for which I am imprisoned; and

☐ I have been determined by the Director of the Bureau of Prisons not to be a danger to the safety of any other person or the community, as provided under § 3142(g).

## II. MOVANT'S INFORMATION

Name: CLARENCE BROWN

Prisoner ID #: 39279-039

Bureau of Prisons Facility: F.C.I. Edgewood

Institutional Address: P.O. Box 725 Edgewood, Sc. 29824

## III. SENTENCE INFORMATION

Date of sentencing: 4-3-06

Term of imprisonment imposed: 300 Mo.

Approximate time served to date: 15 YRS, 25 days

Projected release date: 10-3-26

Length of Term of Supervised Release: 3 YEARS

#### IV. EXHAUSTION OF ADMINISTRATIVE REMEDIES

WARNING: 18 U.S.C. § 3582(c)(1)(A) allows you to file this motion after you have "fully exhausted all administrative rights to appeal a failure of the Bureau of Prisons to bring a motion on the defendant's behalf or the lapse of 30 days from the receipt of such a request by the warden of the defendant's facility, whichever is earlier." Your motion may be denied if do not meet these criteria.

Have you submitted your request for a sentence reduction to the warden of the institution where you are incarcerated?

☒ Yes (date submitted: 4-15-20) ☐ No

If no, explain why not: \_\_\_\_\_

It has been 30 days since your request was received by the Warden and the Warden has not responded to your petition.

☒ Yes ☐ No

Was your request denied by the Warden?

☒ Yes (date denied: 5-28-20) ☐ No

If yes, have you filed an appeal using the Administrative Remedy Procedure in a timely manner as required by 28 C.F.R. part 542, subpart B?

☒ Yes ☐ No

Have you received a final administrative denial from either Bureau of Prisons General Counsel or the Director of the Bureau of Prisons?

☒ Yes ☐ No

#### V. STATEMENT SUPPORTING MOTION

Briefly describe the reasons supporting your motion. If you have checked "other" as your reason above, please describe your circumstances and how they apply here. Explain whether your circumstances were known to the court at the time of sentencing. Attach additional sheets if necessary, along with any relevant exhibits (to include medical records, if seeking release based on a medical condition).

I HAVE diabetes, High cholesterol And High blood pressure  
I'm not sure if the courts know about at the time.

Please describe your proposed release plans (employment, medical needs, housing, and financial resources).

I WAS RECEIVING SSI AND MEDICAID,  
I WILL BE LIVING WITH MY MOTHER AND SISTER  
ON RELEASE. I WILL ALSO TRY TO GET A PARTTIME SCHL

#### VI. MEDICAL INFORMATION

Please fill out this section if seeking a release based on a medical condition, if not, please skip to section VII.

List any medical diagnoses, if any, that are the basis for your motion.

HIGH BLOODPRESSURE, HIGH CHOLESTEROL AND  
DIABETES.

Will you require ongoing medical care if you are released from prison? ☒ Yes ☐ No

Do you have health insurance? ☐ Yes ☒ No

If yes, provide name of insurance company and policy number. If no, how do you plan to pay for your medical care?

If no, are you willing to apply for government services (i.e. Medicaid/Medicare)?

☒ Yes ☐ No

Do you have copies of your medical records documenting the condition(s) for which you are seeking release?

☒ Yes ☐ No

If yes, please include them with your motion. If no, where are the records located?

MEDICAL RECORDS - FCI, EDGEFIELD - P.O. BOX 725 - EDGEFIELD, SC. 29824

Are you currently prescribed medication in the institution? ☒ Yes ☐ No

If yes, list all prescribed medication, dosage, and frequency.

<u>Diabetes</u> Insulin 34 units AM. METFORMIN 2540 mg PM. 2 TIMES A DAY	<u>Cholesterol</u> ATORVASTATIN 1 time a day	<u>Blood Pressure</u> Captopril - 3 times a day Hydrochlorothiazide 1 a day
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Do you require durable medical equipment (e.g. wheelchair, walker, oxygen, prosthetic limbs, hospital bed)? ☐ Yes ☒ No

If yes, list equipment. \_\_\_\_\_

Do you require assistance with self-care such as bathing, walking? ☐ Yes ☒ No

If yes, please list the required assistance and how it will be provided.

\_\_\_\_\_

Do you require assisted living? ☐ Yes ☒ No

If yes, please provide address of the anticipated home/facility and source of funding to pay for it. \_\_\_\_\_

Do you have primary care arranged in the community? ☐ Yes ☒ No

Provide name and address of your primary care physician.

\_\_\_\_\_

Are the people you are proposing to reside with aware of your medical needs?

☒ Yes ☐ No

Do you have other community support that can assist with your medical needs?

☒ Yes ☐ No

Provide names, ages, and their relationship to you.

Alice Brown 70, (Mother) Lidisha Brown 28 (Niece)  
Lillie Foster 49 (Sister) Tonya Brown 45 (Sister)  
Toyon Brown 30 (Niece) Targma Brown 51 (Sister)  
Prentiss Brown 50 (Brother) Sheryl Parker 53 (Aunt)

Will you have transportation to and from your medical appointments?

☒ Yes ☐ No

Describe method of transportation. all family members have cars so  
I can make all my appointments.

## VII. RELEASE PLAN

Provide proposed address where you will reside if released from prison.

1322 S. All Saints Cir Greenville, Ms. 38703

Provide name and phone number of property owner or renter where you will reside if released from prison.

Alice Brown - Lillie Foster - (734) 649-8699

Provide names, ages, and relationship to you of any other residents living at the above listed address?

Lillie Foster 49 (sister)

Do the residents of the home know you are proposing to reside with them? ☒ Yes ☐ No

Are they supportive of your request? ☒ Yes ☐ No

I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Date

Clarence Brown  
Signature  
CLARENCE BROWN  
Printed Name

OLINCS 39279039 - BROWN, CLARENCE - Unit: EDG-B-A

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FROM: Warden  
TO: 39279039  
SUBJECT: RE:\*\*\*Inmate to Staff Message\*\*\*  
DATE: 04/16/2020 12:17:12 PM

Your written correspondence addressed to the Warden, via email, has been received.

After reviewing your concern(s), this matter has been forwarded to the Compassionate Release Coordinator/RIS for review. You may refer to Program Statement 5050.50, Compassionate Release Request/Reduction in Sentence, for guidance.

Office of the Warden

>>> ~^!"BROWN, ~^!CLARENCE" <39279039@inmatemessage.com> 4/15/2020 7:05 PM >>>

To: Mr. Phelp

Inmate Work Assignment: unicor

i will like to be considered for compassion release which is currently being implemented in the BOP . I'm I'VE been a diabetic for 20 years n i'm also on insulin n two different blood pressure meds n i also have high cholesterol. m immune system will definitely be compromised by this corona virus. i have severed 15 years of my sentence n i only have 6 more years to do. i've been working unicor for a little over 2 years as one of my section leaders. i'm responsible for work to be placed on the floor of my section and for ensuring that the factory makes it's quota . i've became a Jehovah's Witness and i'm ready to return back to society to be a positive and productive citizen. THANK YOU SO MUCH!

RESPONSE TO INMATE REQUEST TO STAFF MEMBER


Clarence Brown  
Register Number 39279-039  
Unit B-1

This is in response to your Inmate Request to Staff Member dated April 15, 2020, you requested a reduction in sentence (RIS) based on concerns about COVID-19. After careful consideration, your request is denied.

Title 18 of the United States Code, section 3582(c)(1)(A), allows a sentencing court, on motion of the Director of the BOP, to reduce a term of imprisonment for extraordinary or compelling reasons. BOP Program Statement No. 5050.50, Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 U.S.C. §§ 3582(c)(1)(A) and 4205(g), provides guidance on the types of circumstances that present extraordinary or compelling reasons, such as the inmate's terminal medical condition; debilitated medical condition; status as a "new law" elderly inmate, an elderly inmate with medical conditions, or an "other elderly inmate"; the death or incapacitation of the family member caregiver of the inmate's child; or the incapacitation of the inmate's spouse or registered partner. Your request has been evaluated consistent with this general guidance.

The BOP is taking extraordinary measures to contain the spread of COVID-19 and treat any affected inmates. We recognize that you, like all of us, have legitimate concerns and fears about the spread and effects of the virus. However, your concern about being potentially exposed to, or possibly contracting, COVID-19 does not currently warrant an early release from your sentence. Accordingly, your RIS request is denied at this time.

If you are not satisfied with this response to your request, you may commence an appeal of this decision via the administrative remedy process by submitting your concerns on the appropriate form (BP-9) within 20 days of the receipt of this response.

  
\_\_\_\_\_  
S. W. Phelps, Warden

5-28-2020  
\_\_\_\_\_  
Date



DEPARTMENT OF JUSTICE

REQUEST FOR ADMINISTRATIVE REMEDY

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Brown Clarence 39279039 B-1 F.C.I. Edgefield  
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST I am appealing the response from my request to Staff member dated May 28, 2020. Inmate Brown requested for reduction of sentence under 18 U.S.C. 3582(C)(1)(A) in accordance with Program Statement 5050.50 Compassionate Release/Reduction in Sentence. Mr. Warden, with my Medical conditions as severe as it is, as noted: (1) Diabetic/Insulin dependent (2) Two different blood pressure Meds (3) High Cholesterol, does warrant a very serious consideration for early release. According to current Medical experts, as well as the CDC, they are predicting a rise in COVID-19 cases this fall. My Medical conditions does warrant "Extraordinary or Compelling reasons to be considered. Accordingly, under the March 26, 2020 memorandum from the Attorney General, as well as the April 3, 2020 Memo stating the imperative nature for a review of At-risk inmates.

6-15-20

DATE

Clarence Brown

SIGNATURE OF REQUESTER

## Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 1027296-F1

CASE NUMBER: \_\_\_\_\_

## Part C- RECEIPT

Return to: \_\_\_\_\_  
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: \_\_\_\_\_

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)



Continued page-

Mr. Warden, I'm very aware of the danger I could face, if this request is NOT carefully considered. I greatly if you will please Sir review, and Re-consider my request for Compassionate Release, according to Program Statement 5050.50. Thank you in Advance.

## REQUEST FOR ADMINISTRATIVE REMEDY

Administrative Remedy Number: 1027296-F1

### Part B-Response

This is in response to your Request for Administrative Remedy, dated June 15, 2020, wherein you are making an appeal for a Compassionate Release.

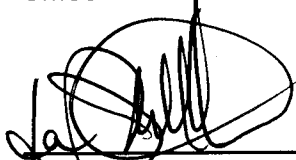
Your request has been considered and your records have been reviewed. Records indicate on or about April 16, 2020, you submitted a request for Reduction in Sentence (RIS) based upon extraordinary and compelling reason of being vulnerable to COVID-19 due to having diabetes, high blood pressure and high cholesterol.

Title 18 of the United States Code, section 3582(c)(1)(A), allows a sentencing court, on motion of the Director of the BOP, to reduce a term of imprisonment for extraordinary or compelling reasons. BOP Program Statement No. 5050.50, Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 U.S.C. §§ 3582(c)(1)(A) and 4205(g), provides guidance on the types of circumstances that present extraordinary or compelling reasons, such as the inmate's terminal medical condition; debilitated medical condition; status as a "new law" elderly inmate, an elderly inmate with medical conditions, or an "other elderly inmate"; the death or incapacitation of the family member caregiver of the inmate's child; or the incapacitation of the inmate's spouse or registered partner. Your request has been evaluated consistent with this general guidance.

The BOP is taking extraordinary measures to contain the spread of COVID-19 and treat any affected inmates. We recognize that you, like all of us, have legitimate concerns and fears about the spread and effects of the virus. However, your concern about being potentially exposed to, or possibly contracting, COVID-19 does not currently warrant an early release from your sentence.

Therefore, based on the above, your Request for Administrative Remedy is denied.

If you are dissatisfied with this response, you may submit an appeal on the appropriate form (BP-10) to the Regional Director's Office, 3800 Camp Creek Parkway, SW, Building 2000, Atlanta, Georgia, 30331-6226. Your appeal must be received in their office within 20 calendar days from the date of this response.

  
J. W. Phelps, Warden

6/30/2020  
Date

**Bureau of Prisons  
Health Services  
Medication Summary  
Current as of 08/25/2020 06:56**

Complex: EDG--EDGEFIELD FCI	Begin Date: N/A	End Date: N/A
Inmate: BROWN, CLARENCE	Reg #: 39279-039	Quarter: B01-106L

**Medications listed reflect prescribed medications from the begin date to end date on this report.**

**Allergies:** Denied

**Active Prescriptions**

Aspirin 81 MG EC Tab

Take one tablet (81 MG) by mouth each morning

**Rx#:** 198680-EDG **Doctor:** Lopez, H. MD/SER MAST PHYSICIAN

**Start:** 12/03/19 **Exp:** 12/02/20 **Pharmacy Dispensings:** 270 TAB in 266 days

Atorvastatin 10 MG Tab

Take one tablet (10 MG) by mouth at bedtime for control of cholesterol

**Rx#:** 198681-EDG **Doctor:** Lopez, H. MD/SER MAST PHYSICIAN

**Start:** 12/03/19 **Exp:** 12/02/20 **Pharmacy Dispensings:** 270 tab in 266 days

Captopril 25 MG Tab

Take one tablet (25 MG) by mouth three times daily to control blood pressure

**Rx#:** 198682-EDG **Doctor:** Lopez, H. MD/SER MAST PHYSICIAN

**Start:** 12/03/19 **Exp:** 12/02/20 **Pharmacy Dispensings:** 810 TAB in 266 days

Diabetic Supply - Lancets

FOR BLOOD SUGAR TESTING ONLY. ALL USED LANCETS MUST BE PUT IN SHARPS CONTAINER PROVIDED AND RETURNED TO PHARMACY. DO NOT THROW IN TRASH. \*\*\*pill line\*\*\*

**Rx#:** 208503-EDG **Doctor:** Taiwo, Olusegun FNP-C

**Start:** 06/22/20 **Exp:** 12/19/20 **Pharmacy Dispensings:** 250 ea in 64 days

Diabetic Supply - Sharps Container

ALL USED LANCETS MUST BE PLACED IN THIS BAG AND RETURNED TO PHARMACY WHEN REQUESTING A REFILL OF SUPPLIES \*\*\*pill line\*\*\*

**Rx#:** 208504-EDG **Doctor:** Taiwo, Olusegun FNP-C

**Start:** 06/22/20 **Exp:** 12/19/20 **Pharmacy Dispensings:** 5 ea in 64 days

Diabetic Supply - Test Strips(Glucocard Expr) 50

USE TO TEST BLOOD SUGAR EVERYDAY AS DIRECTED. METER AND USED LANCETS MUST BE TURNED IN WHEN REQUESTING A REFILL OF STRIPS. \*\*\*pill line\*\*\*

**Rx#:** 208505-EDG **Doctor:** Taiwo, Olusegun FNP-C

**Start:** 06/22/20 **Exp:** 12/19/20 **Pharmacy Dispensings:** 250 strip in 64 days

HydroCHLORothiazide 12.5 MG Cap

Take one capsule (12.5 MG) by mouth each morning to control blood pressure

**Rx#:** 198687-EDG **Doctor:** Lopez, H. MD/SER MAST PHYSICIAN

Complex: EDG--EDGEFIELD FCI  
Inmate: BROWN, CLARENCE

Begin Date: N/A  
Reg #: 39279-039

End Date: N/A  
Quarter: B01-106L

**Active Prescriptions**

**Start:** 12/03/19 **Exp:** 12/02/20

**Pharmacy Dispensings:** 270 CAP in 266 days

metFORMIN HCl 1000 MG Tab

Take one tablet (1000 MG) by mouth twice daily with food (breakfast and dinner) for control of diabetes

**Rx#:** 198690-EDG **Doctor:** Lopez, H. MD/SER MAST PHYSICIAN

**Start:** 12/03/19 **Exp:** 12/02/20

**Pharmacy Dispensings:** 540 TAB in 266 days

Insulin NPH (10 ML) 100 UNITS/ML INJ

Inject 30 units of NPH insulin subcutaneously each morning at 06:15 \*\*\*insulin line\*\*\*---Inject 25 units of NPH insulin subcutaneously each evening at 16:30 \*\*\*insulin line\*\*\* \*\*\*pill line\*\*\*

**Rx#:** 198688-EDG **Doctor:** Lopez, H. MD/SER MAST PHYSICIAN

**Start:** 12/03/19 **Exp:** 12/02/20

**Pharmacy Dispensings:** 0 ML in 266 days

Insulin Reg (10 ML) 100 UNITS/ML Inj

Inject 4 units of regular insulin subcutaneously each morning at 06:15 \*\*\*insulin line\*\*\* \*\*\*pill line\*\*\*

**Rx#:** 198689-EDG **Doctor:** Lopez, H. MD/SER MAST PHYSICIAN

**Start:** 12/03/19 **Exp:** 12/02/20

**Pharmacy Dispensings:** 0 ML in 266 days

CLARENCE BROWN #39279-039  
F.C.I. Edgefield  
P.O. Box 725  
Edgefield, Sc. 29824



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.  
**CERTIFIED MAIL**



7019 1640 0000 1996 1268

Legal mail

U.S. District Court Eastern District  
of Michigan  
231 W. LAFAYETTE Blvd. Rm #124  
Detroit, Michigan  
48226

Legal mail

Legal mail

Federal Prison  
P.O. Box 723  
Jailhouse, Edgefield, SC 29824

**LEGAL/SPECIAL MAIL:** The enclosed letter forwarded to you was processed using special mail procedures. The letter was neither opened/inspected. If the writer has a question/problem over which this facility has jurisdiction, you may return the materials for further information/clarification. If the writer encloses correspondence for forwarding to another addressee, please return enclosure to the above address.

Initials JK Date 08/26/20